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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Naı	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,





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FEB 03 2016 S. YOUNG

COVER LETTER

TO: Registration Sectorial Division of Corp			
SUBJECT:	CKat Hia	Icah LLC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christ	ian De Berde Name of Person	Duare_
		Firm/Company	
			/ / O a A TA 5
	10800 0	/ <u>SCQY/1C /)/V/</u> /Address	#820 B T
	North 1	VIAMI FL 3 City/State and Zip Code	#820 3/0/ 23/0/ (2) 1122 (2) 1222
	<u> </u>	Chicken Kilche. to be used for future annual report notifie	n. com
For further information co	ncerning this matter, please c		. ***
Ade /a	Sanchez Person	at (<u>305</u>) 892 – Area Code Daytime	- 7878 Ext 2052 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	2 /	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/5000/497/0</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
Wrecking Ball Produc The new name must be distinguishable and contain the words "Limited Liabili	try Company "the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10800 Biscayne North Miam	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10800 Biscayi North Minni I	ne BIVD 4820 =L 33101
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		B T
New Registered Office Address:	Enter Florida street address	2 1
	, Florida	1.
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Name	Change:	Wreckin	ra Ball	Produ	ctions
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	Signa	ture of a member or authoriz	ed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE

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Forms

Help

Detail by Entity Name

Florida Limited Liability Company

CK AT HIALEAH, LLC

Filing Information

Document Number

L15000149710

FEI/EIN Number

NONE

Date Filed

09/01/2015

Effective Date

09/01/2015

State

FL

Status

ACTIVE

Principal Address

701 W 49TH ST HIALEAH, FL 33012

Mailing Address

10800 BISCAYNE BLVD SUITE 820 MIAMI, FL 33161

Registered Agent Name & Address

DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD SUITE 820 MIAMI, FL 33161

Authorized Person(s) Detail

Name & Address

Title MGRM

DE BERDOUARE, CHRISTIAN 10800 BISCAYNE BLVD SUITE 820 MIAMI, FL 33161

Annual Reports

No Annual Reports Filed

FILED

6 FEB -2 PM 12: 21

FORTING TEALS

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State of Florida, Department of State